

EXHIBIT B

* * * EMPLOYMENT * *

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E200506-M-0196-00-p

EEOC #

If denied with EEOC, this form may be affected by the Privacy Act of 1974.

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING and EEOC

COMPLAINANT'S NAME (Indicate Mr. or Ms.)

DELLAFOSSE, GLORIA (Ms.)

ADDRESS

1790 Ellis St., #4

TELEPHONE NUMBER (INCLUDE AREA CODE)

(925) 497-3656

CITY

Concord

STATE

CA

ZIP

94520

COUNTY

Contra Costa

COUNTY CODE

013

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME

CONTRA COSTA, COUNTY OF, IHSS DEPT

ADDRESS

1330 Arnold Drive, Suite 143

TELEPHONE NUMBER (INCLUDE AREA CODE)

(925) 444-1256

CITY

Martinez

STATE

CA

ZIP

94553

COUNTY

Contra Costa

COUNTY CODE

013

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOX(ES))

☐ RACE ☐ SEX ☒ DISABILITY ☐ RELIGION ☐ NATIONAL ORIGIN/ANCESTRY ☐ DENIAL OF FAMILY/MEDICAL LEAVE ☐ SEXUAL ORIENTATION
☐ COLOR ☐ AGE ☐ MARITAL STATUS ☐ MEDICAL CONDITION (cancer or genetic characteristics) ☐ OTHER (SPECIFY)

NO. OF EMPLOYEES/MEMBERS

13

DATE MOST RECENT OR CONTINUING DISCRIMINATION

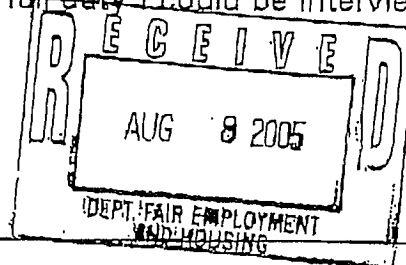
TOOK PLACE (month, day, and year) April 4, 2005

RESPONDENT CODE

93

THE PARTICULARS ARE:

- I. On April 4, 2005, I was denied reasonable accommodation. On April 4, 2005, I was terminated from my job as a Senior Benefits Clerk. I began in that position on November 4, 2002, and at the time of my termination I was earning \$3600 a month.
- II. I was told by Fran Smith, Program Manager, that the Public Authority is not willing to continue to accommodate this modified schedule.
- III. I believe I was terminated from my position because of my disability (lumbar degenerative disk disease and shoulder implant), for the following reasons:
 - A. On or about August 2003 I was injured. I was denied reasonable accommodation per my physician's restriction (6 hour day restriction).
 - B. On April 4, 2005 I was terminated.
 - C. I was told that when I was 100% and able to return to full duty I could be interviewed for my position.



CORRECTED AND MAILED FOR SIGNATURE ON AUGUST 4, 2005.

I also want this charge filed with the Federal Equal Employment Opportunity Commission (EEOC).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated

8-5-05

Gloria Dellafosse

COMPLAINANT'S SIGNATURE

at

Concord Ca 94520

City

DFEH-300-01 (12/99)

O:MB:lyc

DATE FILED: August 8, 2005

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

STATE OF CALIFORNIA

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E200506M1769-00-mpe

EEOC # 37AA608802

If dual-filed with EEOC, this form may be affected by the Privacy Act of 1974.

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING and EEOC

COMPLAINANT'S NAME (indicate Mr. or Ms.)

DELLAFOSSE, GLORIA RUIZ

ADDRESS

1790 Ellis St #4

TELEPHONE NUMBER (INCLUDE AREA CODE)

(925) 825-1005

CITY

Concord

STATE

CA

ZIP

94520

COUNTY

Contra Costa

COUNTY CODE

013

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP
COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:NAME
COTNRA COSTA, COUNTY OF, IHSS PUBLIC AUTHORITY

ADDRESS

1330 Arnold Dr #143

TELEPHONE NUMBER (INCLUDE AREA CODE)

(915) 825-1005

CITY

Martinez

STATE

CA

ZIP

94553

COUNTY

Contra Costa

COUNTY CODE

013

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOX(ES))

☐ RACE ☐ SEX ☒ DISABILITY ☐ RELIGION ☐ NATIONAL ORIGIN/ANCESTRY ☐ DENIAL OF FAMILY/MEDICAL LEAVE ☐ SEXUAL ORIENTATION
☐ COLOR ☐ AGE ☐ MARITAL STATUS ☐ MEDICAL CONDITION (cancer or genetic characteristics) ☐ OTHER (SPECIFY)

NO. OF EMPLOYEES/MEMBERS

5000

DATE MOST RECENT OR CONTINUING DISCRIMINATION

TOOK PLACE (month, day, and year) April 10, 2006

RESPONDENT CODE

94

THE PARTICULARS ARE:

- I) From September 7, 2005 to April 10, 2006, I was denied accommodation in the form of a reduced hours schedule. On April 10, 2006 I was terminated from my position as Senior Benefits Clerk. I was hired in November 2002.
- II) Executive Director John Cottrell wrote to me stating that I was terminated because I had not submitted proper medical certification regarding accommodation.
- II) I believe that I was denied accommodation and terminated because of my physical disability, injuries to my back, shoulder, wrists, and left leg. My belief is based on the following:
- A) On approximately September 7, 2005 I submitted a statement from my physician requesting that I work only four hours per day and that I have a break after each hour of keyboarding.
- B) Supervisor Fran Smith and Mr. Cottrell falsely asserted that the doctor's statement restricted me to keyboarding only one hour total per day. They told me that these restrictions could not be accommodated. I was therefore forced to go on medical leave of absence.
- C) On approximately April 10, 2006 I received a letter stating that I was terminated because I did not provide proper medical certification. I did provide written statements from my physician, stating my physical limitations. I could have performed the essential duties of my position within the limitations requested by my physician. I therefore believe that the reasons given by my employer are pretextual and that I was terminated because of my physical disability.

YPED AND MAILED June 1, 2006

I also want this charge filed with the Federal Equal Employment Opportunity Commission (EEOC).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

dated

6-2-06

RECEIVED

COMPLAINANT'S SIGNATURE

Department of Fair

Employment and Housing
Oakland District Office

City

OCT 08 2006

DATE FILED:

FEH-500-01 (12/99)

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

STATE OF CALIFORNIA